SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER

PAGE OF PAGE

2. CONTRACT NO.
AG-04H1-B-11-7095

3. AWARD/EFFECTIVE DATE
05/16/2011 - 05/16/2014

4. ORDER NUMBER

5. SOLICITATION NUMBER
AG-04H1-S-11-7003

6. SOLICITATION ISSUE DATE
12/17/2010 12:36 PST

7. FOR SOLICITATION INFORMATION CALL:

a. NAME
Leif Shjeflo

b. TELEPHONE NUMBER *(No collect calls)*
541-504-7380

8. OFFER DUE DATE/ LOCAL TIME
02/25/2011 17:00 PST

9. ISSUED BY CODE
USDA Forest Service

Leif Shjeflo
Redmond Air Center
1740 NE Ochoco Way
Redmond, Oregon, 97756

10. THIS ACQUISITION IS
- [ ] UNRESTRICTED OR
- [x] SET ASIDE: ____ % FOR:
- [x] SMALL BUSINESS
- [ ] HUBZONE SMALL BUSINESS
- [ ] SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
- [ ] WOMEN-OWNED SMALL BUSINESS (WOSB)
- [ ] ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
- [ ] 8(A)

NAICS: **115310**

SIZE STANDARD: **$ 17.5 million**

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
- [ ] SEE SCHEDULE

12. DISCOUNT TERMS

- [ ] 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
- [x] RFQ
- [ ] IFB
- [ ] RFP

15. DELIVER TO CODE

16. ADMINISTERED BY CODE
Leif Shjeflo
Redmond Air Center
1740 NE Ochoco Way
Redmond, Oregon, 97756

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE

H Timber Contracting

1140 West Madison street
Burns, Oregon, 97720

TELEPHONE NO. **541-573-3455**

18a. PAYMENT WILL BE MADE BY CODE

Refer to Exhibit B

- [ ] 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED
- [ ] SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	VIPR I-BPA for Fallers for Region 6 - Pacific Northwest Region *(Use Reverse and/or Attach Additional Sheets as Necessary)*				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*

- [x] 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA [x] ARE [ ] ARE NOT ATTACHED
- [x] 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA [x] ARE [ ] ARE NOT ATTACHED

- [x] 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN **1** COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED

- [x] 29. AWARD OF CONTRACT: REF. ____ OFFER DATED **05/16/2011**. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR
/s/ Anthony Hauth

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*
/s/ Leif Shjeflo

30b. NAME AND TITLE OF SIGNER *(Type or print)*
Anthony Hauth -

30c. DATE SIGNED
02/09/2011

31b. NAME OF CONTRACTING OFFICER *(Type or print)*
Leif Shjeflo

31c. DATE SIGNED
05/16/2011

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates	
VIN Number: HTIMBERCONTRACTING-BURNSFALLERS				
Faller Module Type 1	#2-MODULE	OR-BIC		
			Daily Rate	$2300.00/Day

Insurance Policy Expiration Date: 07/01/2011
Location City: Burns
Location State: OR
Configuration: Faller Module
Number of Units: 1
Roster: Tony Hauth
Patrick Wheeler

Item Description	Equipment ID	Dispatch Center	Rates	
VIN Number: HTIMBERCONTRACTING-BURNSFALLER				
Single Faller Type 1	1FALLER	OR-BIC		
			Daily Rate	$1100.00/Day

Insurance Policy Expiration Date: 07/01/2011
Location City: Burns
Location State: OR
Configuration: Single Faller
Number of Units: 1
Roster: Tony Hauth

Vendor Information
Company Name: H Timber Contracting
DBA:
DUNS: 145016817
Company Address:
1140 West Madison street
Burns, Oregon, 97720

Mailing Address:
PO 423
Hines, Oregon, 97738

Contact:
Name: Tony Hauth
Email: htimbercontracting@yahoo.com
Daytime Phone: 541-573-3455
Evening/After Hours Phone:
Cell/Alternate Phone: 541-589-1592
Fax: None

Discount Terms:
none

Business Status
HUBZone: N
Service-Disabled Veteran-Owned Small Business: N
8(a): N
Women-Owned Small Business: N
Economically Disadvantaged Women-Owned Small Business: N
LSA Flag: Y

Supporting Documentation
Has Insurance (other than Workers' Compensation): Yes
Has DOT inspection(s): N/A
Has Workers' Compensation Insurance: Yes
Workers' Comp. Insurance Expiration Date: 07/01/2011
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y